

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29297

FILED SEP 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 5742 Registrar's No. 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>MADISON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u> | |
| b. CITY OR TOWN <u>RURAL - 12 MI. TOWNSHIP</u> | c. LENGTH OF STAY (in this place) <u>6 YRS.</u> | c. CITY OR TOWN <u>RURAL - 12 MI. TOWNSHIP 0620</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 MI. S. OF FREDERICKTOWN</u> | | d. STREET ADDRESS (If rural, give location) <u>10 MI. S. OF FREDERICKTOWN</u> | |
| 3. NAME OF DECEASED a. (First) <u>EDNA</u> b. (Middle) <u>MAE</u> c. (Last) <u>REESE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 31, 1953</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>APRIL 28, 1898</u> |
| 9. AGE (In years last birthday) <u>55</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u> | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) <u>UNIONTOWN, PENN.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>P.M. CONNOR</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY JONES</u> | 14. NAME OF HUSBAND OR WIFE <u>EARL REESE</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>EARL REESE</u> ADDRESS <u>ZION, MO.</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hours</u> <u>1-2 hours</u> <u>years</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES <u>Cerebral Apoplexy</u> Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. <u>arteriosclerotic hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 334X | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to <u>8/31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/31</u> , 19 <u>53</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>M. Grooman</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Fredericktown Mo</u> | 23c. DATE SIGNED <u>9/1/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9/3/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY MO.</u> |
| DATE REC'D BY LOCAL REG. <u>9-2-1953</u> | REGISTRAR'S SIGNATURE <u>Florence Hicks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Adamson</u> ADDRESS <u>FREDERICKTOWN, MO.</u> | |

WILMINGTON COUNTY
FREDERICK TOWN, N.C.

RECEIVED
SEP 8 - 1953
RECEIVED

FILE No. 953-78

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.